

LO20000 12356

**EDMOND PAGE**  
**PO BOX 1109**  
**INDIAN ROCKS BCH.**  
**FL 33785**  
**Phone: 727-824-7738**  
**Fax: 727-596-7643**

May 13, 2002

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

700005555757--6  
-05/16/02--01074--013  
\*\*\*\*125.00 \*\*\*\*125.00

Dear Processor,

Enclosed herewith are the Articles of Organization for Note Wizard, LLC. and my check in the amount of \$ 125.00.

Thank you for your attention to this matter and have a great day.

Sincerely,



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FILED  
02 MAY 16 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NOTE WIZARD, LLC.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

MAIL: P O BOX 1109 INDIAN ROCKS BEACH, FL 33785  
STREET: 19535 GULF BLVD, SUITE "B" INDIAN SHORES, FL 33785

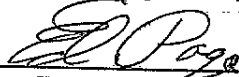
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

\_\_\_\_\_  
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Name  
  
\_\_\_\_\_  
19535 GULF BLVD, SUITE "B"  
Florida street address (P.O. Box NOT acceptable)  
  
\_\_\_\_\_  
INDIAN SHORES FL 33785  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

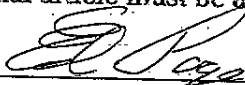


Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
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Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)